


No. W 51692 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013 1. Mailing Address: Correct in this box if needed. 4ES BAR LLC SHARLA O'KRAKEL P.O. Box 831 912 12TH AVENUE SOUTH Kuna, Id. SUITE #104 83634 NAMPA ID 83651	2. Registered Agent and Office (NOT A P.O. BOX) SHARLA O'KRAKEL 912 12TH AVENUE SOUTH SUITE #104 NAMPA ID: 83651 1409 Sheridan Ave Nampa ID 83686 3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jerry Forrey</td> <td>P.O. Box 831</td> <td>Kuna</td> <td>Id</td> <td>Ada</td> <td>83634</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jerry Forrey	P.O. Box 831	Kuna	Id	Ada	83634	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 51692 </div>	6. Signature:  Date: _____ Name (type or print): <u>Jerry Forrey</u> Title: <u>Managing Member</u>																																				

Issued 09/13/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM